

**THE KENTUCKY BOARD OF LICENSURE  
FOR PRIVATE INVESTIGATORS  
PO BOX 1360  
FRANKFORT, KY 40602  
502-564-3296  
EXT 239  
<http://kpi.ky.gov>  
**PI COMPANY LICENSE RENEWAL FORM****

**Your Private Investigator Company License expires on 06/30/2014.**

In accordance with KRS 329A.045 and 201KAR 41:060 Renewal and reinstatement procedures, you are required to renew your company license every two (2) years with the submission of this form, proof of liability insurance (***must be sent WITH your renewal***), and renewal fee of \$250.00, if received PRIOR to June 30, 2014, by check or money order made payable to the **Kentucky State Treasurer, DO NOT SEND CASH.** The fee for renewals received during the 60 day grace period is a total of \$500.00 as set forth in 201 KAR 41:040. Licenses not renewed by the end of the grace period will be terminated and you must immediately CEASE AND DESIST from the practice of private investigation. The reinstatement fee is a total of \$600.00. The inactive status fee is \$100.00. The reactivation fee is \$250.00.

**PLEASE COMPLETE THE FOLLOWING: COMPANY LICENSE NUMBER \_\_\_\_\_**

1. Company Name and Address: Is this a new mailing address? ☐ Yes ☐ No

Company Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State and Zip \_\_\_\_\_  
Code \_\_\_\_\_

2. Present Business Address: (Only if different from mailing address)

\_\_\_\_\_  
\_\_\_\_\_

3. Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

4. License Number \_\_\_\_\_

5. Have you been convicted of a felony or misdemeanor since the last renewal of your license? ( ) No ( ) Yes

If yes, what offense and give details \_\_\_\_\_

6. Has your license to be a Private Investigator Company in this or any other state been denied or subject to disciplinary action?

( ) No ( ) Yes. If yes, give details \_\_\_\_\_

7. Insurance expiration date \_\_\_\_\_

8. **Please check one.** Do you wish to place your license in an inactive status? ( ) Yes ( ) No

**Question number 9 if your license is active please check N/A**

9. Do you wish to reactivate your license inactive license ( ) Yes ( ) No ( ) N/A

**LICENSEE AFFIDAVIT**

**I, the licensee named in the above, do certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my license could be subject to disciplinary action by the Kentucky Board of Licensure for Private Investigators.**

Date \_\_\_\_\_ Licensee's Signature \_\_\_\_\_

(Sign your name - Do not print or type)

**DO NOT WRITE BELOW THIS LINE -- FOR BOARD AND OFFICE USE ONLY**

Application Approved [ ] Application Denied [ ] Defer [ ]

By: \_\_\_\_\_ Date: \_\_\_\_\_